## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS



COVER PAGE CITY OF DUNSMUIR

Please type or print in ink.			- 0.101010
NAME OF FILER (LAST)		(FIRST) (MIDDLE)	)
Keisler	Dave	R	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Dunsmuir			57 P
Division, Board, Department, District, if applicable		Your Position	<del></del>
City Council		Mayor	AP CENT
▶ If filing for multiple positions, list below or on a	an attachment. (Do not u	use acronyms)	RCE POES POES
Agency:		Position:	BA SEC
2. Jurisdiction of Office (Check at least of	ne box)		<u> </u>
☐ State	•	☐ Judge or Court Commissioner (Statewide Jurisdiction)	: 03
Multi-County		<u> </u>	
·			
☑ City of Dunsmuir	<del> </del>	. Uther	
3. Type of Statement (Check at least one i	box)		
Annual: The period covered is January 1, 2	014, through	Leaving Office: Date Left/	<del></del>
December 31, 2014.	•	(Check one)	
The period covered is/ December 31, 2014.	_/, through	<ul> <li>The period covered is January 1, 2014, through the leaving office.</li> </ul>	ne date of
Assuming Office: Date assumed/_		The period covered is/ the date of leaving office.	_, through
Candidate: Election year	and office sought,	if different than Part 1:	<u> </u>
4. Schedule Summary	" > Tot:	al number of pages including this cover page: 1	
Check applicable schedules or "None.			
<ul> <li>Schedule A-1 - Investments − schedule attac</li> <li>Schedule A-2 - Investments − schedule attac</li> </ul>		Schedule C - Income, Loans, & Business Positions - sched	uie attached
Schedule B - Real Property – schedule attac		Schedule E - Income - Gifts - Travel Payments - schedule	e attached
Soliedale B Silver Froperty - Soliedale allac	-O <b>r</b> -	Goldand E moome one material aymone conceans	, attaoned
	lone - No reportable inter	rests on any schedule	
5 Verification			
I certify under penalty of perjury under the law	s of the State of		
Date Signed 03-03 2014	<u>.                                    </u>		
·			_